

	<i>PROFESSIONAL</i>	<i>STUDENT</i>
<b>HIMSS Asia Pacific Individual Membership Benefits</b>	<b>Individual USD100 / year</b>	<b>Student USD30 / year</b>
<b>Communities and Networking</b>		
e-Networking opportunities with members across the APAC region	✓	✓
Participate in committees, task forces and work groups	✓	✓
<b>Education</b>		
Discounts on all HIMSS Conferences and Events (Includes HIMSS Annual, AsiaPac, WHIT, Virtual Conference, Webinars, eLearning and more)	✓	✓
Registration to HIMSS AsiaPac Annual Conference and Exhibition at member rates	✓	✓
Receive unlimited complimentary registrations to regional roadshows, webinars and virtual conferences	<i>(Free for providers*)</i>	<i>(Free for providers*)</i>
Customized Education and Special Opportunities	✓	✓
Discounted rates to selected workshops and masterclasses	✓	✓
<b>Publications and IndustryNews</b>		
HIMSS Asia Pacific member e-newsletter	✓	✓
HIMSS Asia Pacific Leadership Series	✓	✓
Online publications	✓	✓
Special Member Pricing for all books, CDs and other publications	✓	✓
<b>Tools and Resources</b>		
Access to HIMSS Member Center (Includes member directory, exclusive reports, articles, speaker presentations from past conferences and webinars + more)	✓	✓
Access to over 200 implementation guides, toolkits, checklist, white papers and presentations	✓	✓
HIMSS Value Suite case studies (APAC and Global)	✓	✓

Revised prices effective from 1st September 2015. No refund will be given for payment received before 1st September 2015.

\*Not applicable to vendors, solutions providers

Please complete the form below and mail or fax to:

**HIMSS Asia Pacific**, 3 Killiney Road, #04-04 Winsland House 1, Singapore 239519 | Phone: +65 6664 1100 | Fax: +65 6836 7728

Alternatively, please scan and email the completed form to: ahow@himss.org

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Position or Title \_\_\_\_\_  RN  MD  PhD  RPh  Other Credentials

Organization \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Email Address\*\* \_\_\_\_\_

Home Street Address  same as work \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Preferred Mailing Address (Your work address will be listed in the online directory)  Home  Office

## Membership Dues (in USD) Please check one

- Individual Membership USD100  Student Member USD30 Evidence of full-time matriculation must be provided  
 Graduate  Undergraduate  Dean's List

University \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

## Your Professional Title Please check one.

### Information & Management Systems

- CIO, CTP, VP of IT/IS/MIS/Network  
 Director/Manager Data Processing/MIS  
 CSO, Director/Manager Info Security/Site Security  
 Director of Management Engineering  
 Manager of Management Engineering  
 Dir/Mgr of other IT Department  
 Non-Management  
 Systems Analyst  
 Programmers/Developers

### General & Financial Management

- CEO, Chairman, President, Exec Director, Adm, Group Practice Manager  
 COO, Exec VP, Sr VP, VP, Gen Mgr, Asst Administrator  
 CFO, VP/Finance, Finance Director, Controller  
 VP/Director/Manager of other Admin/Financial Dept  
 Non-management

### Clinical Management

- CMO, CMIO, Medical Director, Chief of Staff  
 CNO, CNIO, VP/Director/Manager of Nursing  
 Physician  
 Nurse  
 Registered Pharmacist  
 Chief/Dir/Mgr of other Clinical Department/Lab Srv/Pharmacy

### Others Allied to the Field

- IT, Business Consultant  
 Professor/Educator  
 Student  
 Programmers/Developers  
 Marketing & Sales  
 Government Employee/Public Servant  
 Non-Management  
 Other (please specify) \_\_\_\_\_

## Your Work Site

- Academic Institution  Federal, State or Local Government Office  Hospital, Multi-Hospital System, Integrated Delivery  Payor, Insurance Company, Managed Care  
 Ancillary Clinical Service Provider  Healthcare Consulting Firm  Financial, Legal, Investment Firm  Healthcare Vendor  
 Ambulatory Care Facility  Home Healthcare Organization  Long Term Care Facility  Other (please specify) \_\_\_\_\_

## How did you hear about HIMSS?

- Promotional Marketing  Colleague  Other (please specify) \_\_\_\_\_  
 Conference  Website

## Payment

Annual dues in the amount of USD  are enclosed. I understand that HIMSS may deposit the enclosed dues pending consideration of this application. In the event the application is not approved, HIMSS will promptly refund my remittance.  Check Enclosed  Visa  MasterCard  Discover  American Express

Card no. \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Name on Credit Card (please print) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

HIMSS membership dues are not deductible as a charitable contribution but may be deductible as a business expense. To the extent HIMSS engages in lobbying, 7.88% of dues are not deductible as a business expense.

Contributions to the HIMSS Foundation are deductible as a charitable contribution for federal income tax purposes to the extent provided by HIMSS Federal Tax ID No. 36-3906745.

\*\* HIMSS regularly sends e-mails describing its products and services. By returning this form, you agree to allow HIMSS to send these promotional emails to you. You will have the opportunity to opt out of the emails if you choose.